

2-1986

## Beacon Light: February 1986

St. Cloud Hospital

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*Saint Cloud Hospital*  
**Beacon Light**  
1406 Sixth Avenue N. St. Cloud, MN 56301

## Stereotypes of elderly miss the mark



**"Their hair turns white and their faces get lines in them."  
"Grandma sews and Grandpa sits and watches TV."  
"They can't talk as good 'cause they're old."  
"They wear glasses 'cause they can't see."**

**W**hile these are actually thoughts from several four- and five-year olds, they are, in all likelihood, statements most of us have thought or said at one time or another about the elderly.

Through the media and other aspects of our society we have learned to be youth-oriented. The 65 and over age group, which numbered 27.4 million in 1983, adds a whole new dimension to our society. Because most of us have not dealt with seniors on a regular basis, we tend to put them in a separate class and think of them in stereotypical ways.

Most of these stereotypes are not true. We tend to make judgments from the outer features — white hair, wrinkled skin, poor eyesight. We need to look beyond that and see what's inside, according to Judy Landwehr, director of leisure services at St. Benedict's Center, a corporate division of the Saint Cloud Hospital. "For example, many people think elderly people sit around all day doing nothing; that they aren't interested in learning new things. They do want to learn and be involved. We have a

102-year-old resident who says her secret to life is that she keeps on learning."

Landwehr pointed out another common stereotype — all old people are the same. Our society tends to group all people 65 and older into one category. "We actually are dealing with two totally different generations. There's quite a difference between a 65-year old and a 100-year-old person. A person born in 1886 has been through four wars and the Depression. That person is going to have a different outlook than someone who was a child during the Depression and has only seen two wars."

Because of all the myths surrounding seniors, they are often treated as second-class citizens. Landwehr feels this is unjust. "I try to recognize each of our residents for their abilities, not their disabilities," she said. "I try to look at the total person. They each deserve to be treated with dignity and respect." Steve Hennes, director of the Whitney Senior Center, echoed Landwehr's opinion. "I treat senior citizens as I would want to be treated — with respect and dignity."

Both Landwehr and Hennes have worked with the elderly for a number of years, and have seen some positive changes occur. "At one time, nursing homes were considered a place to die. Today that's not true. We offer our residents quality life," Landwehr pointed out.



Landwehr's personal philosophy is that "We have a responsibility to our elders to respect who they are, what they've done and what they can still do." This philosophy is carried over into Landwehr's professional life.

At St. Benedict's Center, many of the residents are 85 and older. Landwehr keeps this in mind when planning activities. "In Leisure Services, our overall goal is to provide meaningful opportunities to our residents for their leisure time. We hope to promote interaction and independence through physical exercise, creative expression, intellectual fulfillment, social events and community involvement."

Residents are encouraged to be involved in as much as they want to be. They can participate in a wide variety of activities including exercise sessions, crafts, dances, bingo, reading, movies, songfests, and card games, just to name a few. Residents are also encouraged to take part in individual and group discussions. "Seniors have feelings just like we do. This lets them express what they're feeling," Landwehr explained.

Another important part of the residents' leisure time is their families. "We try to help the families become involved. We help them plan special events such as parties and special meals for the residents."

While many of St. Benedict's Center's residents are 85 and older, the majority of Whitney Senior Center's clients are 55 and older, according to Hennes. But he is quick to emphasize that they do not have strict age guidelines. "Once a person retires, at whatever age that may be, it's a whole new world for that person," he said. "We try to provide a wide range of activities and educational opportunities for them to enjoy." Classes range from writing to driver education to financial planning for seniors. Shooting pool, card games, and aerobics are just a sampling of the center's activities.

The demand for the center's services is high. Last summer it opened an outdoor recreation area which gives seniors a chance to

**ON THE COVER:** One of St. Benedict's Center's Adult Day Care participants spends a few minutes with a special visitor. Adult Day Care story is on page 3. This and other photos in this issue are courtesy of St. Benedict's Center.



## Sr. Giovanni remembers:

### Hospital was "pink elephant" on river

**C**elebrating a Century of Care is the theme chosen to commemorate the 100th anniversary of hospital care in St. Cloud. Since 1886, the Sisters of the Order of St. Benedict have contributed to the unbroken tradition of providing hospital care to the patients we serve. A total of 408 Sisters have dedicated themselves to hospital work in St. Cloud... among them is Sr. Giovanni Bieniek.

In 1929, one year after the "new" Saint Cloud Hospital (SCH) was built, Sr. Giovanni, then an 18-year-old farm girl from

Holdingford, decided to dedicate her life to the nursing profession. "Living on a farm, I always had a special feeling for other creatures and liked taking care of them, especially when they were sick," said Sr. Giovanni, who finished her training at the SCH School of Nursing in 1934. She has been directly associated with this hospital for 36 years, 13 of which were as director of the school of nursing. She continues to volunteer in the hospital's Spiritual Care Department six days a week, part-time.

Sr. Giovanni remembers the early days at Saint Cloud Hospital when "tumbleweeds came rolling in from the undeveloped land west

of the hospital during the September and October windstorms." In those days, the hospital was nicknamed the "pink elephant on the river" by local critics who couldn't see the need for a 315-bed hospital in St. Cloud. However, the beds soon began filling. "Whenever there were 100 patients in the hospital, the cross on top of the hospital would be lighted up with floodlights," she said. Indeed, Sr. Giovanni recalls times when all the hospital beds were occupied and patients were cared for in the hallways and other hospital areas.

During the early 1930s, many hospitalized patients were suffering from such serious diseases as polio, diphtheria, scarlet fever, smallpox, dysentery, meningitis and pneumonia. Immunizations and antibiotics to prevent or treat these diseases hadn't yet been developed. As a young nurse in pediatrics, Sr. Giovanni remembers an epidemic of dysentery that swept through the community during the summer of 1931. "No treatment was available," she said. "We lost 27 children to the disease during that summer."

Pneumonia patients were quite common. "These patients almost always ran a nine-day course with their temperature up to 105 degrees on the ninth day," Sr. Giovanni recalled. "On the ninth day their temperature would come down to 97 degrees and the patient either recovered or died." Now, with antibiotics, pneumonia

patients usually improve within 24 hours and the odds for survival are much greater.

Surgical patients "were often bedridden from 10 to 14 days following surgery," Sr. Giovanni remembered. While the patient was bedridden, Sr. Giovanni and other nurses would have to bathe the patient daily, give back rubs, feed and provide other personal care. "Now we're encouraging patients to ambulate (walk around), bathe and feed themselves as soon after surgery as is medically possible."

During the 1930s the Sisters staffed every hospital department, and every department head (except in Maintenance) was a Sister. About 75 nuns worked at the hospital then, and 35 physicians served on the medical staff.

Patient rooms were very homey, according to Sr. Giovanni, with small rugs in each room, a dresser, rocking chairs and other home-like touches. "Patient meals were served by the floor supervisor and served by the nursing staff which added a real personal touch," she said. Tray settings were silver with cloth tray covers and cloth napkins.

Sr. Giovanni said that one thing was especially kept in mind in serving each patient. "In living out our philosophy, we'd remember, this is Christ I'm serving. How will I best serve him? Our care must flow out in that kind of service with love," she said.

## Hospital provides varied services to seniors

**T**he population of the United States is growing up and growing older. The average age of Americans is increasing and as the group popularly called the Baby Boom generation grows older, the average age will continue to climb.

This aging population has had significant affect on many industries, not the least of which is health care. The elderly are healthier, stronger and live longer than previous generations. Hospital patients are older and more ill than even a few years ago. Patients are demanding different types of services that will have them out of the hospital quickly, allow them to recuperate at home, and help them continue to live in their own homes rather than move to a nursing home.

In response to the changes in health care and the needs of the patients, Saint Cloud Hospital has

implemented a number of programs specifically designed for the elderly in the community. Following is a brief description of some of these programs and services.

**Discharge Planning:** Designed to help patients return home as quickly as possible, discharge planning involves four basic steps. First, Social Services staff, along with other appropriate hospital personnel, evaluate the patient's strengths and weaknesses. The patient's family is evaluated to determine what supplemental services a patient may need in order to return home and the physical environment of the home is evaluated to ensure that there are no barriers to impede a patient's movements. Finally the Social Services staff share information about, and explore, resources in the community that can help a patient return home.

While discharge planning takes place with all patients at the hospital, the process is particularly important for the elderly who may need special counseling to help them adjust to moving to a nursing home or who may need to arrange for a variety of community services in order to return home safely.

**Lifeline:** Lifeline is a personal emergency response system that works through the telephone. A small "help button" that is worn on a neckchain, carried in a pocket or clipped on clothing starts the call for assistance. When the help button is pressed, it signals your phone to call the 24 hour

Services, p. 4

## Growing Older

**E**verything is farther away now than it used to be. It's twice as far to the corner, and now they've added a hill. I quit running for the bus because it leaves faster than it used to. And they are making stairs steeper than in the old days. Have you noticed the smaller print they're using in the newspapers, and how everyone speaks in such a low voice?

Even people are changing. They are much younger than they used to be, too. And people my age are much older. I ran into an old classmate the other day. She had aged so much I didn't recognize her. I got to thinking about the poor thing while combing my hair. And as I looked into the mirror I noticed they don't make mirrors like they use to either.

Author Unknown

(Taken from Saint Cloud Hospital's Nursing News.)

## Aging

*Continued from p. 1*  
play horseshoes, croquet, shuffleboard or plant gardens. Plans are also being made to build an addition on to the center this summer.

In addition, Whitney Senior Center offers OASIS, a United Way-funded program for older adults seeking information services. Seniors can receive information on volunteer opportunities, transportation, tax counseling, and a host of other programs which are available to them.

For a number of reasons, both Landwehr and Hennes feel that senior citizens in Minnesota are fortunate. Minnesota's average life expectancy, 77 years, is second only to Hawaii. "Long-term care is excellent in Minnesota. Many people go down South right after retiring but come back to Minnesota because of its quality health care," Hennes was also quick to compliment the city of St. Cloud. "This center is funded mostly by the city — we're fortunate to have such a commitment from them," he said.

Because of their work with the elderly, Landwehr and Hennes look forward to growing old. "I look to my retirement as a springboard into new activities," Hennes said.

"To grow old doesn't mean stopping and waiting for it to happen. It's important to make the most of the time you have," Landwehr concluded.

Story by Diane Hageman

## Adult Day Care provides care-givers with alternative

**S**tarted three and a half years ago with one participant and a goal to help residents return home after a stay at the center, St. Benedict's Center's Adult Day Care program now serves 26 people six days a week. While the original Adult Day Care participant is still a part of the program, that's about the only thing that has stayed the same, according to Betty Moffitt, rehabilitation director at St. Benedict's Center, a corporate division of the Saint Cloud Hospital.

"We started with a therapeutic model for Adult Day Care," Moffitt said. "We initially provided some occupational and physical therapy

participants move their arms and legs through a series of exercises to help strengthen muscles and maintain range of motion. The rest of the morning is usually taken up with physical therapy, Mass, or other group activities.

Though lunch is usually prepared by the center's dietetic services, twice a month Adult Day Care participants take over the task. "It's a nice change of pace," Moffitt said. "We choose tasks that each of our people can do, so everyone feels useful." Accomplishing a task — whether it's setting the table, peeling carrots or washing dishes — is very important to a person's feeling of self-worth, according to Moffitt. Cooking tasks are particularly important for those with Alzheimer's disease. "They aren't able to learn new things, but with supervision they are able to do tasks associated with cooking and cleaning up. These are things they have done so often and for so many years that they remember how and they recognize that they are accomplishing a task."

In the afternoon, the Adult Day Care participants are divided into two groups, with Alzheimer's patients and others who are confused doing activities separate from the alert participants.

The afternoon activities for Alzheimer's and other confused participants include special group activities. "We need to keep them relaxed and busy," Moffitt said. "They experience a lot of anxiety and we try to provide activities that help relieve some of that anxiety."

The other Adult Day Care participants spend the afternoon working on crafts, playing bingo or cards, going for drives in the center's bus or going on outings. "A favorite afternoon activity is 'Dear Abby,'" Moffitt said. "We read a letter from the paper then discuss what we think the answer should be. Then we read the answer from 'Dear Abby' and discuss why we think it was right or wrong." Has the group ever written a letter? "No, but we've discussed it a few times."

Some of the participants' favorite outings include trips to the Heritage Center in St. Cloud, attending the Benton County Fair, and spending relaxed afternoons at Munsinger Gardens feeding the ducks.

Adult Day Care, p. 5



Afternoon activities for Adult Day Care participants occasionally include visits to the store for personal items.



Twice a month Adult Day Care participants, as a group, prepare lunch for themselves.



## Alzheimer's: Research continues but disease stays a mystery

**W**e've all heard the growing old jokes. You know, the memory is the first to go, and if Grandpa seems especially clumsy it's just because he's old. These are just considered part of the natural aging process, right? **WRONG!**

Physicians now understand that old age is not necessarily a time for mental collapse.

The fact is that most older people do not suffer from brain degeneration. When changes such as memory loss or awkwardness do occur, chances are they are signals of underlying problems.

One such problem, affecting about 2.5 million Americans, is Alzheimer's disease. "Alzheimer's is a degenerative disease of the central nervous system, affecting mostly high brain function. This includes functions such as thinking, planning and associating," said Dr.



Dr. Keith Larson, neurologist

Keith Larson, a neurologist on the hospital's medical staff.

At one time experts believed that this disease struck 40 to 60-year-olds but it is now known that those over 65 are at the highest risk and the incidence increases with age. Discovered in 1906 by German neurologist Alois Alzheimer, this disorder

affects the protein of the nerve cells in the outer layer of the brain. This leads to an accumulation of abnormal fibers called neurofibrillary tangles. Other changes that occur include the degeneration of nerve endings which, in turn, disrupts the signals between the cells. These areas of degeneration are referred to as plaques. The larger the number of plaques and tangles, the greater the disturbance in intellectual functions.

No one knows for sure what causes these changes to occur. Larson believes that there are a number of factors involved. "Who knows, it may be a slow virus — but nothing has been proved. We do know that



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immediate family members of Alzheimer's patients are at a slightly higher risk of developing the disease," he added.

Symptoms of Alzheimer's disease are varied and affect people in different ways and at different rates. The first stage usually "involves a sense of self-neglect. People have the 'don't care' attitude," Larson said.

As the disease progresses, the person becomes forgetful and disoriented. Forgetting to turn off the oven, taking longer to complete chores, and repeating answers to questions are common occurrences. As the individuals move to the next stage of the disease, they may experience a "loss of common, deeply-ingrained social skills," Larson said. He cited examples of urinating or defecating in drawers instead of in toilets. Personality, mood and behavior changes are more noticeable. A person may become restless, irritable and agitated. Judgment, concentration, and speech may also be affected.

"In the final stages of Alzheimer's, its victims become immobile and are totally unable to care for themselves," Larson explained. Larson also noted that death is rarely caused by Alzheimer's but by complications such as pneumonia and dehydration.

Examiners need to be careful when trying to diagnose the disease, especially in the early stages. A number of physical, neurological and psychiatric evaluations should be performed. "The primary role of the physician is to rule out all other possibilities that could be treatable. From there, we offer suggestions for outside help. Ultimately, the decision about care is up to the individuals and their families," Larson said.

As yet, physicians do not know how to prevent or cure Alzheimer's disease. Presently, there are a number of legitimate medical experiments being conducted, but none of them have reached conclusive findings, according to Larson.

Much discussion surrounds not only the Alzheimer's patients, but their families or caregivers as well. During the early phases of Alzheimer's disease, the person can often be taken care of by family members at home. As the disease progresses, however, a special setting with professional staff and full-time care may be necessary. All this takes its toll on the family members as well as the person afflicted. "Support groups are extremely important," Larson emphasized. "Family members need that emotional and practical support. They need to be able to exchange ideas and talk about their experiences with people who understand."

St. Cloud has an Alzheimer's Support Group which meets on the second Tuesday of the month at 6:30 p.m. at Whitney Senior Center. For more information, call Nora Wagner or Betty Moffitt, St. Benedict's Center, 252-0010.

Story by Diane Hageman

## Services for seniors provide many options

Continued from p. 2

Emergency Center at Saint Cloud Hospital. Lifeline helps older adults live independently in their home with the assurance that medical assistance is available 24-hours a day. For more information, call 255-5638.

**Golden-agers Weekend Dining:** Saint Cloud Hospital offers Saturday and Sunday noon and evening meals for St. Cloud area golden agers. To be eligible, individuals must be 62 years of age or older.

The primary goal in providing this program is to offer the senior citizens of our area the opportunity to have a well-prepared, nutritious meal, in a pleasant surrounding, at reasonable prices. The wide variety of food available in the hospital dining room makes it possible for most golden agers on modified diets to make appropriate food

selections. For more information call 255-5629.

**Home Delivered Meals:** The purpose of the Home Delivered



Meals program is to serve a hot noon meal to those people who are homebound or can't cook for themselves. This United Way agency has been in existence at

Saint Cloud Hospital for about 10 years and currently serves 90 to 95 people per day. Program participants can receive meals for just a few days or for an indefinite length of time. The meals, which always consist of a salad, vegetable, potato or potato substitute, meat, bread and butter, and milk, are delivered to

participants' homes by volunteers. For more information, call 255-5646.

**Geriatric Maintenance:** This



Home Care program is an alternative of care for elderly in the community. Persons in need of health related or homemaker assistance can benefit from the

Geriatric Maintenance program, a joint effort between Saint Cloud Hospital and St. Benedict's Center. Home health/homemaker aides give personal care, assist with bathing, grooming, walking and other activities of daily living. They assist with meal preparation, light housekeeping and laundry duties. The aides work under close

supervision of the geriatric maintenance coordinator. The goal of the program is to help older adults maintain themselves safely and happily in their own homes.

**Senior Helping Hands:** An estimated 1,400 to 2,000 elderly people in the St. Cloud area suffer from chemical abuse problems, but are isolated and unidentified. If left unattended, these elderly friends, relatives and neighbors suffer needlessly while help is available all around them. Sponsored by the Saint Cloud Hospital Alcohol and Chemical Dependency Treatment Center, the Senior Helping Hands program can show the way to a happier, more fruitful lifestyle. Helping Hands staff and volunteers guide the seniors through a pathway of recovery by offering a variety of services. For more information, call 259-5202.

## New Medicare changes will affect budget



**O**nce again it is budget time at Saint Cloud Hospital. During the past several years we have experienced decreases in the numbers of inpatients we serve causing budgeting difficulties. In the past, Medicare has allowed an increase in reimbursement based on inflation. This year, however,

the Medicare program has frozen its payment rates to hospitals, in spite of a general inflation rate of 4 percent. The budget reconciliation package that is being debated in Congress provides for a 1 percent increase in Medicare DRG (diagnostic related group) rates. This is definitely below inflation, but it is essential that it be obtained because the Gram-Rudman budget cuts require a 1 percent decrease in Medicare payment rates.

In addition, we anticipate at least a leveling off of patient days and probably even a further decrease. Coupled with a freeze or reduction in Medicare payment rates, our budget problems are compounded. In the past we were able to pass on Medicare decreases to other payors, but the development of fixed rates by HMOs (health maintenance organizations) and other payors has made this strategy obsolete.

Our outpatient business has expanded significantly during recent years helping off-set the decrease in inpatient revenues. However, Senator Durenberger has proposed a bill that sets DRG rates for outpatient Medicare procedures effective January 1987. We will, therefore, soon have the same financial restraints on our outpatients work for Medicare patients.

Because of these facts, I hope everyone associated with the hospital understands our approach to the 1986-87 budget. We are coming off a few very good financial years, but it looks like we are in for some difficult financial times in the future.

John Seckinger,  
senior vice president,  
finance

## Adult Day Care

Continued from p. 3

While the Adult Day Care program is designed to help the participants, Moffitt didn't want to play down the importance of helping the care-giver. "The Adult Day Care program is a very important way that care-givers can relieve some of the anxiety and strain that comes from always taking care of another person. Adult Day Care helps adult children keep their jobs, we provide professional staff who can answer questions and help solve problems, we provide a resource

**"We want to promote those community and family networks that keep people in the community and at home."**

Betty Moffitt

of information on other services available in the community, and we are able to assist Adult Day Care participants with skills that make it possible for them to live at home."

For instance, Moffitt continued, a participant might work on personal grooming so the care-giver wouldn't have to provide that care. Or Adult Day Care staff might help a participant maintain the strength and flexibility needed to assist with a transfer such as out of bed and into a wheel chair. "Being able to assist with a transfer might mean the difference between living at home or moving to a nursing home," she said. "Lifting someone time after time is hard, heavy work and not all care-givers can do it. But with help from the participant, the job may become manageable."

There are certain activities the Adult Day Care program doesn't provide, such as grocery shopping, Moffitt said. "A participant might have a niece who comes over once a week to go grocery shopping. We don't want to take that away."

The staff does a lot of referral, according to Moffitt. "Adult Day Care isn't the only program these people need. We work with home health care programs, Meals on Wheels, respite care, and other support networks. We want to promote those community and family networks that keep people in the community and at home."

Story by Gail Ivers

## Beacon Bits

### Grief Group

Saint Cloud Hospital's Hospice Grief Group is open to the public. The group meets every Thursday from 12:30 to 1:30 p.m. at Whitney Senior Center in room A or B and is facilitated by the Hospice staff. For more information call 255-5610.

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### Grants awarded

Good news from the hospital's Alcohol & Chemical Dependency Unit. They have received \$10,000 from the St. Cloud United Way and \$16,000 from the Central Minnesota Area Agency on Aging (part of Title 3B). The money will be used to fund the Senior Helping Hands Program for a second year.

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### Shapedown

The Saint Cloud Hospital Nutrition Services Department is developing a new program for the community. Called Shapedown, the program is specifically designed for teenagers who want to develop healthy eating habits or lose weight. The program will consist of 10 to 12 two-hour sessions with the emphasis on nutrition and exercise. For more information, call 255-5641.

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### Empty Arms program

Conceived but Never Cradled: A Conference on Pregnancy and Neonatal Loss has been scheduled for Saturday, March 22 from 8 a.m. to 4 p.m. at St. Cloud State University. The all-day conference will cover such topics as miscarriage, stillbirth, neonatal death, infertility, and the role of the caregiver. Contact hours for nurses are available. For more information, call Alice Rademacher, Empty Arms Support Group at 253-1143 or call the SCSU Continuing Studies Department at 255-3081.

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### AIDS workshop

Educators, local community members and leaders, and health care professionals share a growing concern regarding the impact of AIDS (Acquired Immune Deficiency Syndrome) on society. Sponsored by the St. Cloud Granite Rotary club, the program, AIDS: Education for Professionals, will provide participants with solid, factual information about the disease. The program is scheduled for Saturday, Feb. 22 from 9 a.m. to 4:30 p.m. at the Benedicta Arts Center in St. Joseph. For more information, call the hospital's Education Department at 255-5642.

### Cognitive Stimulation Group

Saint Cloud Hospital's speech pathology staff, working with St. Benedict's Center (SBC) personnel, hold a regular Cognitive Stimulation Group for SBC residents. Using a group therapy process, residents who have problem relating to their environment or other people because of cognitive deficits work on a variety of skills including problem solving, memory, concentration, and attention span.

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### Cardiac care

The Cardiology Department of the St. Cloud Clinic is now leasing office space from the Saint Cloud Hospital. Dr. John Mahowald and Dr. Pradub Sukhum, cardiologists on the hospital's medical staff, have offices in the Electrodiagnostics area of the hospital where they see outpatients during regular office hours. The idea, according to Mahowald, is to allow patients to have their office visit and any necessary tests performed all at one time in the same location. In addition to the convenience this arrangement provides for patients, Mahowald said, the charges for being seen in the hospital are no higher than they would be if the patient was seen at a clinic.



Saint Cloud Hospital

# Beacon Light

1406 Sixth Avenue N. St. Cloud, MN 56301

Celebrating a century of care 1886-1986



February 1986



*Grow old along with me!  
The best is yet to be,  
The last of life, for which the first was made.*

Robert Browning



## February is National Heart Month

Every year in the United States, nearly one million lives are claimed by heart and blood vessel diseases, according to the American Heart Association. That's almost as many deaths as from all other causes combined. In Minnesota alone, over 16,000 people die of heart disease every year.

However, the news is not all bad. The percentage of all deaths due to cardiovascular disease has dropped below 50 percent

nationally for the second time since 1948, the American Heart Association reports. This is due largely to improved medical techniques, increased educational efforts, and changes in lifestyle.

February is National Heart Month; a good time to evaluate your health and lifestyle. If you smoke, have high blood pressure, have high levels of cholesterol in your blood, are overweight, or have a family history of heart disease, you may be setting

yourself up for a heart attack. Proper nutrition and regular exercise (under a physician's supervision) can help stop you from becoming a 1986 statistic and keep you hale and hearty.

For information on how to control high blood pressure, lose weight, quit smoking, and make other lifestyle changes, contact the Saint Cloud Hospital or the American Heart Association.

## Beacon Light

1406 Sixth Avenue N. St. Cloud, MN 56301

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Address Correction Requested

Saint Cloud Hospital, founded in 1928, is a 489-bed hospital sponsored by the Sisters of the Order of St. Benedict and the Diocese of St. Cloud. Saint Cloud Hospital adheres to the Ethical and Religious Directives of the Catholic Church in providing health care services to the community it serves.

Saint Cloud Hospital is fully accredited by the Joint Commission on the Accreditation of Hospitals (JCAH).

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